

For taxable year beginning _____, and ending _____
Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

CHECK ONE:	
Original <input type="checkbox"/>	Amended <input type="checkbox"/>
CHECK ONE:	
Calendar year <input type="checkbox"/>	Fiscal year <input type="checkbox"/>
Employer identification number (EIN)	
AZ withholding tax number	
AZ transaction privilege tax number	

Business telephone number	Please Type or Print	Name	
Business activity code number (from federal Form 1120S)		Number and street or PO Box	AZ withholding tax number
		City, or town, state, and ZIP code	AZ transaction privilege tax number

69 Check box if: This is a first return Name change Address change

A Is this the corporation's final Arizona return? Yes No
If yes, check one: Dissolved Withdrawn Merged/Reorganized
List EIN of the successor corporation, if any _____

B Does the S corporation conduct business within and without Arizona? Yes No

C Will a composite return be filed on Form 140NR? Yes No

D Total number of nonresident individual shareholders _____ **81**

E Total number of resident individual shareholders _____ **66**

F Total number of entity shareholders (See instruction page 3) _____ **82**

FOR DOR USE ONLY

CHECK BOX IF:
Federal extension used to file return. 82 F

1 Total distributive income (loss) - from federal Form 1120S, Schedule K	1	00
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Complete lines 2-11 only if the S corporation has excess net passive income or capital gains/built-in gains. An S corporation that is not required to complete lines 2-11 must complete lines 12-34 if the S corporation has a tax liability from the recapture of tax credits or has elected to claim refundable tax credits.

2 Excess net passive income	2	00
3 Capital gains/built-in gains	3	00
4 Total federal income subject to corporate income tax - add lines 2 and 3. WHOLLY ARIZONA S CORPORATION GO TO LINE 11	4	00
5 Nonapportionable or allocable income - attach schedule. MULTISTATE S CORPORATIONS ONLY	5	00
6 Apportionable income - subtract line 5 from line 4. Multistate S corporations only	6	00
7 Arizona apportionment ratio - from Schedule B or Schedule ACA	7	
8 Income apportioned to Arizona - line 6 multiplied by line 7. Multistate S corporations only	8	00
9 Other income allocated to Arizona - attach schedule. Multistate S corporations only	9	00
10 Total income attributable to Arizona - add lines 8 and 9	10	00
11 Net income subject to Arizona corporate income tax. Wholly Arizona S corporations - enter amount from line 4 Multistate S corporations - enter amount from line 10	11	00
12 Enter tax - see instructions before completing this line	12	00
13 Tax from recapture of tax credits - from Form 300, Part II, line 25	13	00
14 Subtotal - add lines 12 and 13	14	00
15 Clean Elections Fund Tax Reduction. Check this box to send \$5 to the fund and reduce the tax (line 14) by \$5. Enter the amount of the tax reduction	15A <input type="checkbox"/>	00
16 Nonrefundable tax credits - from Arizona Form 300, Part II, line 48	16	00
17 Credit type - enter form number for each credit claimed	17 3 3 3 3	
18 Tax liability - subtract the sum of lines 15 and 16 from line 14	18	00
19 Clean Elections Fund Tax Credit. SEE INSTRUCTIONS BEFORE COMPLETING THIS LINE	19	00
20 Tax liability after Clean Elections Fund tax credit - subtract line 19 from line 18	20	00
21 Refundable tax credits - see instructions	21	00
22 Credit type - enter form number for each refundable credit claimed	22 3 3	
23 Extension payment made with Form 120EXT - see instructions	23	00
24 Estimated tax payments - see instructions	24	00
25 Total payments - add lines 21, 23 and 24. Amended returns - see instructions	25	00
26 Balance of tax due - If line 20 is larger than line 25, enter balance of tax due. Skip line 27	26	00
27 Overpayment of tax - If line 25 is larger than line 20, enter overpayment of tax	27	00
28 Penalty and interest	28	00
29 Estimated tax underpayment penalty. If Form 220 is attached, check box	29A <input type="checkbox"/>	00
30 Donation to Citizens Clean Elections Fund - see instructions	30	00
31 TOTAL DUE - payment must accompany return	31	00
32 OVERPAYMENT - see instructions	32	00
33 Amount of line 32 to be applied to 2005 estimated tax	33	00
34 Amount to be refunded - subtract line 33 from line 32	34	00

